MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

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No. 6-/
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re city or town and State) yrs. mos. ds.
OF DEATH
Sept 20 1924
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the from Violent Causes, state other Accidental, Suicinal, or
VAL DATE OF BURIAL
10/21 121

1. PLACE OF SEATH	1 - 1 - 1
County Office Distriction Distriction	t No. // /// File No.
Township 19074444 Primary Registration	
City(No	MCGMCCCS [100
2. FULL NAME Ellis young And	mau Ward)
(a) Residence. No	- Ward.
(Usual place of abode) Length of residence in city or town where death occurred yra. mos	(If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED OR DIVORCED (write the word)	16. DATE OF DEATH (MINTH, DAY AND YEAR) Sept 20 1924
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	I HEREBY CERTIFY, That I attended deceased from
	that I last saw have alive on the 20 1924, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	death occurred, on the date stated above, al. 10:30 pm.
7. AGE YEARS MONTHS DAYS If LESS than 1	THE CAUSE OF DEATH WAS AS FOLLOWS:
1924 Sept 1 20 day, 2 bra.	Fremalure Buch
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	(spetion) yra mos de
(b) General nature of industry,	CONTRIBUTORY
business, or establishment in which employed (or employer)	(SECONDARY)
(c) Name of employer	dede.
	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN) Burch Jrue	IF NOT AT PLACE OF DEATH)
(STATE OR COUNTRY) Mo	
10. NAME OF FATHER Ordin 7 Solve	DID AN OPERATION PRECEDE DEATHI
	WAS THERE AN AUTOPSYL
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
Z (STATE OR COUNTRY) MUSSOURI	(Signed) R. D. Saces
(STATE OR COUNTRY) MUSSIURI 12. MAIDEN NAME OF MOTHER Lugartie Stead	, 19 (Address) Barch Free mo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	State the Disease Causing Drafti, or in deaths from Violenz Causes, state
(STATE OR COUNTRY) MUSSOURI	(1) MEANS AND NATURE OF INJUST, and (2) whether ACCIDENTAL SUICIDAL, OF HOMICIDAL. (See reverse side for additional space.)
INFORMANT a. F. Stolman	
(Address) Birch Irel mo	
5 MAA My A Lovers	Oak From Centery 10/2/ 1924 20. UNDERTAKER ADDRESS
REGISTRAS	en 1
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Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Health Association.)

Statement of Occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At r home. Care should be taken to report specifically the occupations of persons engaged in domestleservice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, 'first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death); 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sonile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Üremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc:. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiobitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements by Physician.

